

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 25th October, 2017, 10.30 am

| | |
|--|--|
| Dr Ian Orpen (Chair) | Member of the Clinical Commissioning Group |
| Ashley Ayre | Bath & North East Somerset Council |
| Fiona Bird (in place of James Scott) | Royal United Hospital |
| Mike Bowden | Bath & North East Somerset Council |
| Diana Hall Hall | Healthwatch |
| Steve Kendall | Avon and Somerset Police |
| Bruce Laurence | Bath & North East Somerset Council |
| Councillor Paul May | Bath and North East Somerset Council |
| Val Scrase (in place of Jayne Carroll) | Virgin Care |
| Andrew Smith | BEMS+ (Primary Care) |
| Sarah Shatwell | (VCSE Sector) - Developing Health and Independence |
| Jane Shayler | Bath & North East Somerset Council |
| Elaine Wainwright | Bath Spa University |
| Councillor Will Sandry (in place of Councillor Tim Ball) | Bath and North East Somerset Council (Observer) |
| Councillor Eleanor Jackson | Bath & North East Somerset Council (Observer) |

24 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

He explained that two information reports had been circulated to Board members regarding the annual reports of the Sexual Health Board and the Local Safeguarding Adults Board. These reports were circulated for information only and would not be discussed at this meeting.

25 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the evacuation procedure as listed on the call to the meeting.

26 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Cllr Tim Ball – Observer – substitute Cllr Will Sandry
Jane Carroll – Virgin Care – substitute Val Scrase
Mark Coates – Knightstone Housing
Tracey Cox – Clinical Commissioning Group
Stuart Matthews – Avon Fire and Rescue Service
Bernie Morley – University of Bath
Laurel Penrose – Bath College
Cllr Vic Pritchard – B&NES Council
Hayley Richards – Avon and Wiltshire Partnership Trust
James Scott – Royal United Hospital Bath NHS Trust – substitute Fiona Bird

27 DECLARATIONS OF INTEREST

Councillor Paul May declared a non-pecuniary interest as a Non-Executive Director on the Board of Sirona.

28 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

29 PUBLIC QUESTIONS/COMMENTS

There were no public questions or comments.

30 MINUTES OF PREVIOUS MEETING - 6 SEPTEMBER 2017

The minutes of the previous meeting held on 6 September 2017 were approved as a correct record and signed by the Chair.

31 INTEGRATION PROGRAMME UPDATE

The Board considered a report which described the role that B&NES Council and B&NES CCG could play in leading the extension and enhancement of integrated commissioning for the benefit of the population and to create a more sustainable approach to Health and Care going forward.

Each organisation has its own constitution and separate accountabilities but has a

common interest in the health and wellbeing of local people. There is now an opportunity to strengthen existing joint arrangements to achieve the level and pace of service integration needed to meet current and future challenges. This will enable both organisations to provide the seamless health and care which residents need and to meet the sustainability challenge faced by both organisations.

There are already a number of joint commissioning arrangements in place. The focus in the first instance would be on governance and decision making arrangements. The key principle to support integrated commissioning is that the new model must be capable of adding value and improving outcomes. Providers would appreciate a clearer single voice from commissioners and shared information could be used to good effect.

This proposal offered an exciting opportunity to move the partnership forward to support the delivery of the Health and Wellbeing Board strategy.

In response to a question from Sarah Shatwell, Jane Shayler confirmed that the following services currently operated pooled budgets:

- Mental health
- Learning disabilities
- Better Care Fund including from 2017/18 community health and care services
- Community equipment
- Children's complex needs

She also confirmed that further updates would be brought back to the Board as the project progresses. It was noted that the proposed integration will take the form of a "partnership of equals."

Dr Ian Orpen stated that this provided a good opportunity to bring together many elements as commissioning is currently fragmented. The focus should be on considering the person and not the condition and how to do this effectively.

RESOLVED:

- (1) To agree broad support for the proposal to develop an Integrated Commissioning model between the Council and the Clinical Commissioning Group, that is fit for purpose, sustainable and responds effectively to emerging issues and pressures across health and social care.
- (2) To note the benefits of this integrated commissioning model as an enabler for delivering the Joint Health and Wellbeing Strategy and improved health and wellbeing outcomes for the people of B&NES.
- (3) To note the links to the early work of the Board in considering the development of an Accountable Care model across Bath & North East Somerset.

32 BATH AND NORTH EAST SOMERSET VIRTUAL EMPLOYMENT HUB

The Board considered a report which provided an update on the Economic Strategy

Review, which was presented in 2015. The report also set out an introduction to the B&NES Virtual Employment Hub.

Ben Woods, Group Manager – Economy and Culture, gave a presentation to the Board regarding the Employment Hub. The presentation covered the following issues:

- It is important to improve the employment prospects of residents as evidence shows that being in work improves both physical and mental health.
- The latest information on benefit claimants in the B&NES area is:
 - 1671 people claiming Universal Credit and seeking work intensively.
 - 581 people in work, claiming Universal Credit and required to increase their income.
 - 656 people with no work requirements following the work capability assessment
 - 260 people on Jobseekers Allowance
 - 2330 people on Employment Support Allowance
 - 1720 on Employment Support Allowance and Disability Living Allowance
 - 920 on Disability Living Allowance only
 - 2500 on other combinations
- Work and Health Programme – the organisation Pluss has been awarded the Southern Contract Package area. This replaces the work Choice and Work Programme.
- There will be voluntary referral for claimants with health barriers and mandatory referral for claimants who are long term unemployed (over 2 years).
- The programme will provide an opportunity to improve service integration. There are currently a large number of employment support programmes in the local area which officers will track and engage with.
- Officers will be identifying employment opportunities in the local area and aiming to secure jobs for residents (for example the in new Bath casino)
- The West of England Combined Authority will also have an important role in the provision of work and training opportunities.
- It is vital to ensure that training takes place at the point where people can use these skills to get into work.
- Of people out of work due to health barriers 51% are because of mental health issues.
- There will be early engagement with Virgin Care and links to existing arrangements such as the Volunteer Centre.
- Pathways and referral mechanisms between services will be developed.

The Board then discussed the report and presentation covering the following points:

- Bruce Laurence noted the importance of considering outcomes, particularly for people with mental health issues and learning difficulties. He noted that it was also important to provide relevant vocational training to provide the skills required locally.
- Cllr Jackson asked officers to consider engaging with two other organisations – Bath Mind and Swallows - in the Somer Valley area who provided employment support.

- Jane Shayler advised, in response to a question about performance indicators for supporting people with a mental health need or learning disability into employment, that performance is good but these performance indicators only capture employment information for those already in contact with services so there was more that could be done to identify and provide support into employment for those people not in contact with statutory services.
- Fiona Bird stated that the RUH, as a large local employer, would be interested in this project.
- It was noted that sometimes people feel that benefits prohibit them from seeking work or that they have been out of work so long that they do not feel ready to re-enter the job market.
- Many partner organisations could identify people who could make use of local employment services.

A copy of the presentation slides is attached as *Appendix 1* to these minutes.

RESOLVED:

- (1) To support the Virtual Employment Hub (VEH) approach outlined in the report and presentation.
- (2) To agree that health colleagues are supported to contribute to the VEH process.
- (3) To consider a further update on this project in six months' time.

33 PREVENTION CONCORDAT

Jane Shayler, Director – Integrated Health and Care Commissioning, gave a presentation to the Board regarding the implementation of the prevention concordat. The following issues were outlined:

- The concordat is a shared commitment by a wide range of national organisations.
- It represents an approach to improving people's mental health and reducing the risk of mental illness.
- It was launched by Public Health England as an ambition of the Five Year Forward View for Mental Health to support the objective that all local areas have a prevention plan in place by 2017/18.
- The concordat includes:
 - Promoting good mental health and wellbeing
 - Preventing mental health problems and suicide
 - Improving the lives of people experiencing and recovering from mental health problems

From early years and adolescence through adults and parenthood and into older age.
- Public Health England proposed the following five key steps to create a local prevention plan for better mental health:
 - Needs and assets assessment
 - Partnership and alignment

- Translating need into deliverable commitments
- Defining success outcomes
- Leadership and accountability
- The Health and Wellbeing Board could take a lead role in:
 - Raising the profile of this work
 - Inviting the key partnerships and groups to account for progress
 - Supporting co-ordination across the system
 - Identifying one or two specific preventative initiatives to promote good mental health and wellbeing in B&NES.

Bruce Laurence noted that many physical health symptoms were generated by stress and so improving mental health would also lead to improvements in physical health.

Diana Hall stressed the need to listen to local health and wellbeing and mental health networks to ascertain their needs and requirements.

A copy of the presentation slides is attached as *Appendix 2* to these minutes.

RESOLVED:

- (1) To agree the approach outlined in the presentation with regard to implementing the Prevention Concordat.
- (2) To support the suggestion of a “Year of Mental Health” including events to raise awareness of mental health issues and tackle stigma including the “5 ways to wellbeing” model:
 - Connect – with the people around you family, friends, community
 - Be active
 - Take notice – be curious, catch sight of the beautiful, savour the moment, be aware of the world around you
 - Keep learning
 - Give – thank someone, smile, volunteer, join a community group

34 HEALTH PROTECTION BOARD ANNUAL REPORT

(Note: At this point Dr Ian Orpen left the meeting and Cllr Paul May took the chair.)

The Board considered a report setting out the annual report of the B&NES Health Protection Board 2016/17. The report detailed the progress made by the Board on its priorities and recommendations, highlighted the areas of work that had taken place in the last year and identified priorities for the forthcoming year.

Becky Reynolds, Consultant in Public Health, and Anna Brett, Health Protection Manager, gave a presentation covering the following issues:

- Definition of Health Protection
- Specialist areas covered by the Health Protection Board
- Progress on 2015/16 priorities – 4 of the priorities had been rated as “green” and 3 as “amber”.

- The primary school project to raise antibiotic awareness had been particularly successful. The campaign in B&NES to raise awareness of the importance of using antibiotics won in the Community Engagement category of this year's national Antibiotic Guardian awards.
- The importance of immunisation was stressed and in particular the uptake of the MMR vaccination.
- Illegal tattooing was another issue that had arisen last year with a particular instance of under 18 year olds being tattooed by an unregistered tattooist.

Andrew Smith stated that the antimicrobial resistance strategy had been very helpful to GPs.

It was noted that overall in B&NES there had been a 65% uptake of bowel cancer screening. Research showed that men were less likely to participate in screening than women.

A copy of the presentation slides is attached as *Appendix 3* to these minutes.

RESOLVED:

(1) To note the annual report of the Health Protection Board for 2016/17.

(2) To support the following priorities for the Board for 2017/18:

- Assurance: continue to monitor the performance of specialist area, identify risks, ensure mitigation is in place and escalate as necessary.
- Support activities to slow the development and spread of antimicrobial resistance.
- Continue to ensure that the public are informed about emerging threats to health.
- Support the review, development and implementation of all Air Quality Action Plans.
- Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers; and pneumococcal vaccination amongst under 65s at risk and over 65s.
- Continue to reduce health inequalities in screening and immunisation programmes.

35 FUTURE MEETING DATES

It was noted that the next meeting would take place on Wednesday 6 December 2017 and that meetings in 2018 would take place as follows:

Tuesday 30 January 2018 – Kaposvar Room, Guildhall
 Tuesday 17 April 2018 – Brunswick Room, Guildhall
 Tuesday 26 June 2018 – Brunswick Room, Guildhall
 Tuesday 25 September 2018 – Brunswick Room, Guildhall
 Tuesday 27 November 2018 – Brunswick Room, Guildhall

The meeting ended at 12.30 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

Bath & North East Somerset Employment Hub

Ben Woods

Benefits Claimants: Bath & North East Somerset latest data

Universal Credit July 2017

- 1671 people claiming Universal Credit and seeking work intensively
- 581 people in work, claiming Universal Credit and required to increase their income
- 656 people with no work requirements following the work capability assessment

Legacy benefit types: Nov 2016

- 260 people on jobseekers allowance
- 2,330 Employment Support Allowance
- 1,720 ESA and Disability Living Allowance
- 920 Disability Living Allowance only
- 2,500 Other combinations

Enterprise Zone

Key dates

| | Bath City Riverside | Somer Valley | Approx. jobs |
|---------------------|--|--|--------------|
| 2018 | Existing office space and managed work space available Ongoing development at Bath Quays, pre-lets available at Bath Quays South (6,000 – 45,000 sq ft) Cornmarket available for redevelopment Roseberry Place, pre-lets available/for sale (12,000 – 50,000 sq ft) | Phase one delivery of mixed use employment space (120,000 sq ft) | 400 |
| 2019 | First occupations on Bath Quays South, creative work space available at Newark Works, construction begins on Bath Quays North | Highway improvement and enabling works for future phases of development will begin | 700 |
| 2020 | Major construction works at Bath Quays North, pre-lets available (10,000 – 60,000 sq ft) | Phase one pre-lets of mixed use employment space available (120,000 sq ft) | |
| 2021 | First occupations on Bath Quays North | Phase one works complete, 120,000 sq ft of mixed use employment space available | 920 |
| 2022 onwards | Bath Quays North complete | Construction work commences on future phases of development to deliver additional employment floor space (up to 420,000 sq ft) | 1725 |
| | | | 930 |

Employment Support

- **Work & Health Programme:** Pluss awarded Southern Contract Package area
 - Replaces Work Choice and Work Programme
 - Approx. 25% of Work Programme number of participants nationally
 - Voluntary referral for claimants with health barriers; mandatory referral for long term unemployed (over 2 years)
 - Opportunity to improve service integration

Links to health vary across employment support programmes:

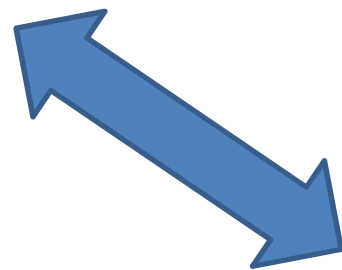
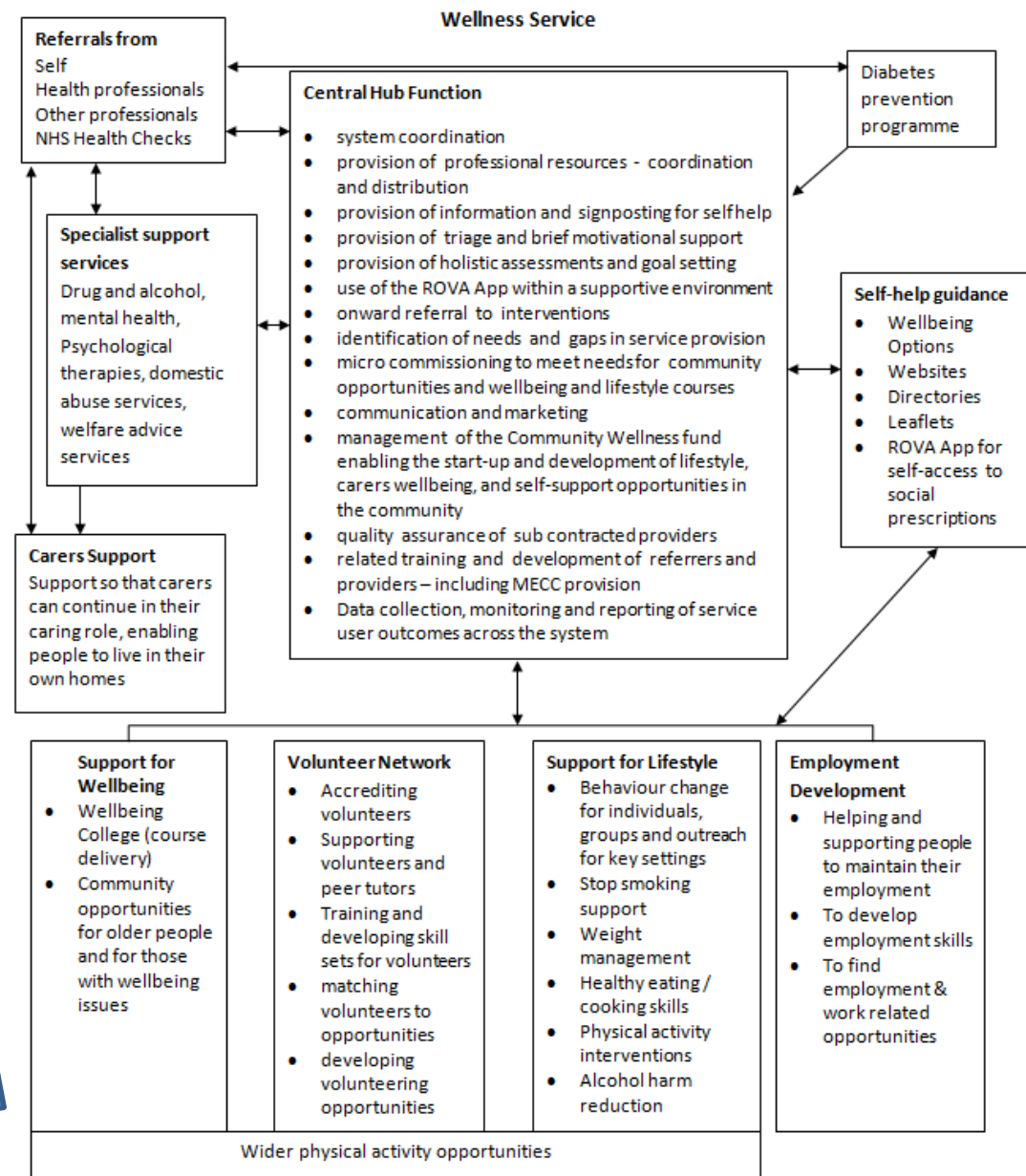
| Organisation | Project | Organisation | Project |
|-----------------------|---|---|--|
| Curo | Mulberry Park: 18+ | Volunteer Centre | Skills development |
| | 'Working Well Skills for Life' 16-25 yr olds | Prospects | National Citizenship Service |
| | Course for Curo residents | | National Careers Service |
| Learn Direct | Short courses; apprenticeships | The Volunteer Network (sporadic programming) | ReAction (16 - 25; training, support, volunteering) |
| | Function skills (25+) | | Kick Start (16 - 18 years NEET) |
| B&NES Council | Youth connect (16-19 or 13-25 if care leaver or SEND) | | ReAction 19 Volunteer Network; focussed on 19+ |
| | Connecting Families (eligibility criteria apply) | 'Have a Go' Volunteer Network (16 - 18) | |
| | In-work support pilot | Creative Youth Network | 16-20 years |
| DWP | Access to work fund | Remploy | Digital Confidence |
| | Dynamic Purchasing System | | Specialist disability + health related support |
| | Enterprise Allowance | Citizens Advice Bureau | Face to face appointments available in One Stop Shop |
| Bath College | Adult Community Learning | Children's Centres | Employability |
| Cool Ventures | Business support: self-employment | Genesis | Access to work |
| Inner Flame | Princes Trust Enterprise Programme for ages 16-30 | Clean Slate | Parkside Children's Centre |
| | Princes Trust Team Programme | N-Gaged Training | 19+; in receipt of benefit; work related training |
| Bath Rugby Foundation | Hitz Programme | | Careers Information, Advice & Guidance |
| Julian House & DHI | Get Active into Work | Carers Centre | Support |
| | West of England Works | Grow Yourself | Gardening and landscaping social enterprise |

B&NES Employment Hub: the Process

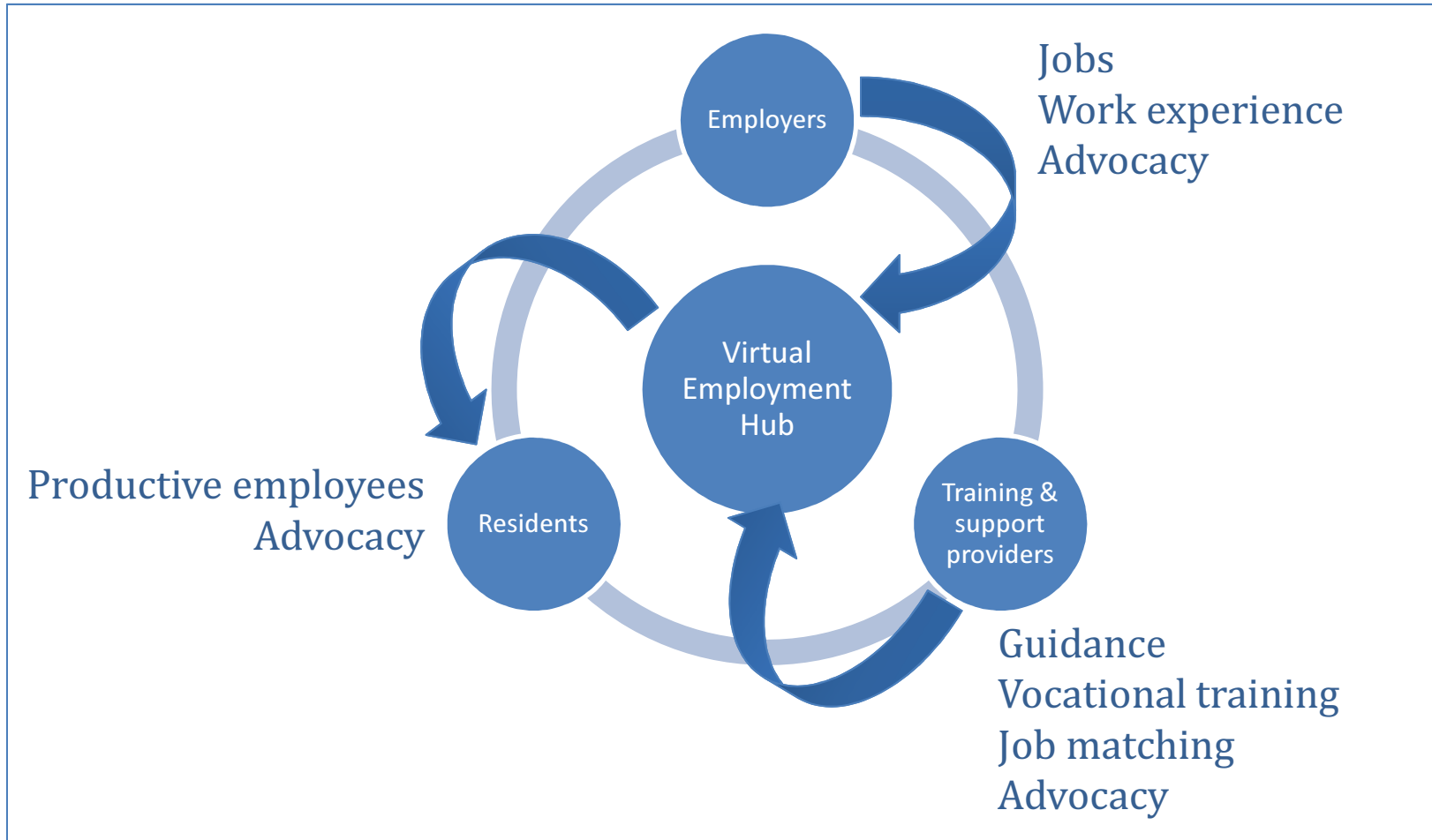
Of people out of work due to health barriers, 51% are because of mental health issues

Anecdotally, support services tell us they don't have good enough links to mental health services

- Steering Group
- Early engagement with Virgin Care
- Links to existing arrangements such as Volunteer Centre
- Develop pathways and referral mechanisms between services



B&NES Employment Hub: the Website



Health & Wellbeing Board: the Asks

- Proactive engagement in the process. Current reps:
 - Paul Scott, Public Health
 - Paul Wilson, Virgin Care
 - Jo Scammel, Virgin Care

How can we link to Health & Wellbeing Board?

- Use Hub for appropriate job roles
- Work together to:
 - Be exemplars for workplace wellbeing
 - Apply all resources to support service users
- Sharing and implementing best practice to apply whole organisation resources to supporting service users
- Support delivery of projects by linking services

Better Mental Health: Implementing the Prevention Concordat



Prevention Concordat

- The concordat is a shared commitment by a wide range of national organisations
- Represents an approach to improving people's mental health and reducing risk of mental illness
- Launched by Public Health England (PHE) as an ambition of the Five Year Forward View (5YFV) for Mental Health, to support the objective that all local areas have a prevention plan in place by 2017/18

Prevention Concordat

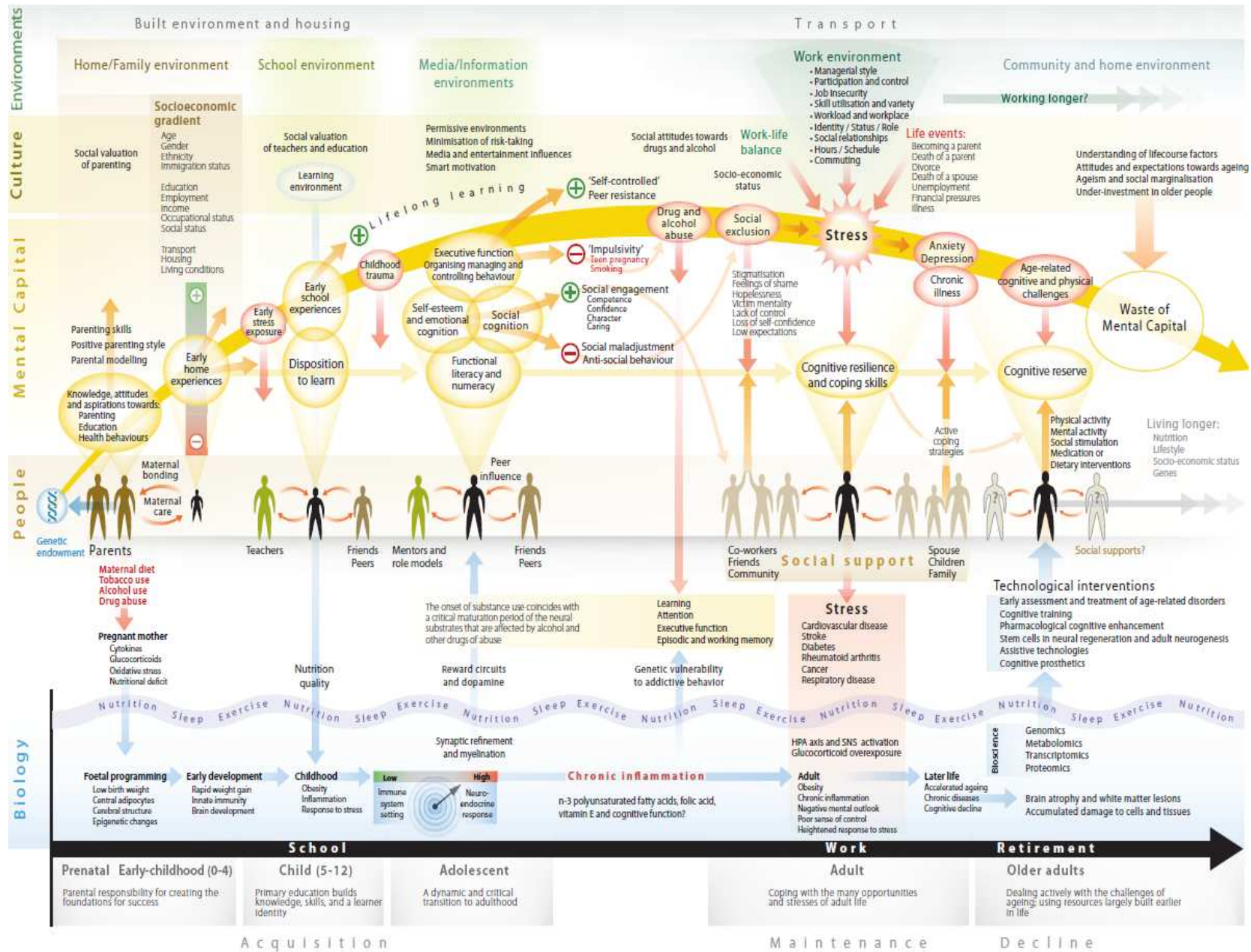
- It includes:
 - promoting good mental health and wellbeing
 - preventing mental health problems and suicide
 - improving the lives of people experiencing and recovering from mental health problems
- ...from early years and adolescence, through adults and parenthood and in to older age

What is the approach?

Primary prevention - addressing the wider determinants such as debt, poverty, employment, education, housing, access to green space and tough life experiences such as abuse, bullying and bereavement. Also equipping people with social and emotional skills to look after their wellbeing

Secondary prevention - early identification of mental health problems and early intervention to prevent progression

Tertiary prevention - promoting recovery and reducing the risk of recurrence for people living with mental health problems



PHE propose:

5 Key steps to create a local prevention plan for better mental health

1. Needs and assets assessment
2. Partnership and alignment
3. Translating need into deliverable commitments
4. Defining success outcomes
5. Leadership and accountability

5 Key steps

- We already have a lot of knowledge about needs and assets, through our mental health services pathway review and our B&NES/Swindon/Wiltshire Sustainability & Transformation Partnership (STP) MH 5YFV Delivery Plan.
- We have some good partnerships working on projects that we can build on and ideas about how to address the gaps.
- We would benefit from a plan with associated actions pulling these things together.

5 Key steps

- Specific actions could sit within the key partnerships they relate to. For example, we have plans or groups for:
 - Children and young people
 - DPH Award in schools
 - Domestic Abuse
 - Housing and health
 - Work and health
 - Parity of esteem
 - Self-harm and suicide prevention
 - Wellness services
 - Tackling stigma through Time to Change

Leadership

- The Health and Wellbeing Board could take a lead role in:
 - raising the profile of this work
 - inviting these groups to account for progress
 - supporting coordination across the system
- The Health and Wellbeing Board might identify, in its priorities, one or two specific preventative initiatives to promote good mental health and wellbeing in B&NES. For example...

B&NES Prevention Concordat for Better Mental Health: Potential Areas for Focus/Prioritisation

Preventative interventions at the start of life, including perinatal mental health, children, early years, families and schools

Eg: THRIVE model for children and young people's mental health, anti-bullying initiatives, self-harm reduction strategies, training in mental health awareness/ mental health first aid, parenting programmes

Reducing social isolation and loneliness

Eg: Signposting service for older people to help identify opportunities for participation in a wide range of local social activities to reduce the risk of social isolation and loneliness

Creating health workplaces and reducing unemployment

Eg: Workplace interventions to prevent stress, depression and anxiety problems – production of Employers Workforce Wellbeing Toolkit

Improving public awareness of mental health and tackling stigma

Eg: "Year of Mental Health" involving monthly events to promote mental health and wellbeing

Supporting self-care, building resilience and promoting wellbeing at all ages

Eg "5 ways to wellbeing model": **Connect** (with the people around you, family, friends, community), **Be active**, **Take notice** (be curious, catch sight of the beautiful, savour the moment, be aware of the world around you), **Keep Learning**, **Give** (thank someone, smile, volunteer, join a community group)

Wider social-economic determinants: debt/poverty, housing, domestic violence/abuse/youth violence, green spaces/built environment,

Eg: Primary care-based provision of debt and financial advice to people who have unmanageable levels of financial debt

B&NES Health Protection Board's 2016/17 Annual Report to the Health and Wellbeing Board

Becky Reynolds, Consultant in Public Health

Anna Brett, Health Protection Manager

Bath and North East Somerset Council, Public Health Team

25 October 2017

What is Health Protection?

Protecting the health of the population by improving the prevention and control of infectious diseases and other environmental threats. It includes:

- infectious diseases
- chemicals, poisons and radiation
- emergency response
- environmental health hazards

Which specialist areas does the Health Protection Board cover?

Healthcare Associated Infection (HCAI)

Key Performance Indicators:
MRSA & C.difficile

Communicable Disease Control & Environmental Hazards

Key Performance Indicators:
Private Water Supplies & Air Quality Management Areas

Health Emergency Planning

Key Performance Indicators:
Civil Contingencies Act requirements

Sexual Health

Key Performance Indicators:
HIV & under 18 conceptions

Substance Misuse

Key Performance Indicators:
Hep B vaccination, Hep C testing, Opiates & Non-Opiates

Screening & Immunisation

Key Performance Indicators:
National screening programmes & uptake of universal immunisation programmes

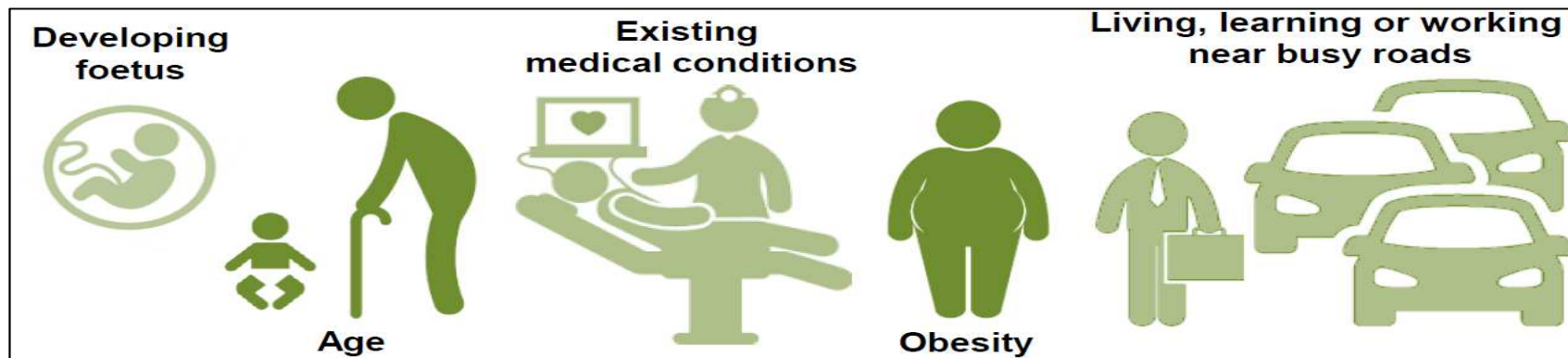
Progress on 2015-16 priorities that were implemented in 2016-17

| No. | Priority | Progress |
|-----|---|----------|
| 1 | Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary | Green |
| 2 | Support the B&NES Antimicrobial Resistance Strategic Collaborative | Yellow |
| 3 | Support the review of the Bath Air Quality Action Plan and support the implementation of the actions in the Saltford & Keynsham Air Quality Action Plans | Green |
| 4 | Continue to ensure that the public are informed about emerging threats to health | Green |
| 5 | Improve the uptake of MMR vaccination in B&NES | Yellow |
| 6 | Improve the uptake of flu vaccinations in at risk groups, pregnant women, children and health care workers & support the STP work-stream to run collective campaigns for the influenza and pneumococcal vaccine | Green |
| 7 | Continue to reduce health inequalities in screening programmes | Yellow |

Priorities that were RAG rated **GREEN** in 2016-17

- Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary
- Support the review of the Bath Air Quality Action Plan and support the implementation of the actions in the Saltford & Keynsham Air Quality Actions Plans
- Continue to ensure that the public are informed about emerging threats to health
- Improve the uptake of flu vaccination in at risk groups, pregnant women, children and health care workers & support the STP work-stream to run collective campaigns for the influenza and pneumococcal vaccine

Support the review of the Bath Air Quality Action Plan and support the implementation of the actions in the Saltford & Keynsham Air Quality Actions Plans



Air pollution can be harmful to everyone; however there are some factors which make some people more vulnerable.

Bath Air Quality Action Plan Consultation 2017 – Deadline 26 November

To comment on the proposed actions in the plan, please visit the survey webpage at:
<http://www.bathnes.gov.uk/services/environment/pollution/air-quality>

Continue to ensure that the public are informed about emerging threats to health

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Above: This illegal tattooing leaflet that was designed to raise awareness

**Improve the uptake of flu vaccination in at risk groups,
pregnant women, children and health care workers &
support the STP work-stream to run collective
campaigns for the influenza and pneumococcal
vaccine**



Uptake at CCG level for the 2016-17, 2015-16 and 2014-15 BANES CCG Seasonal flu adult programme; 65s and over, under 65s at risk & pregnant women

| Organisation name | Year | 65 years and over (%) | Under 65 at risk (%) | Pregnant women (%) |
|-------------------|-------|-----------------------|----------------------|--------------------|
| BaNES CCG | 16-17 | 71.4 | 47.0 | 45.7 |
| | 15-16 | 72.0 | 43.0 | 44.0 |
| | 14-15 | 72.9 | 45.4 | 45.7 |
| England | 16-17 | 70.4 | 48.7 | 44.8 |
| | 15-16 | 71.0 | 45.1 | 42.3 |
| | 14-15 | 72.8 | 50.3 | 44.1 |

Source: Immform 2017

Uptake at CCG level for the 2016-17, 2015-16 and 2014-15 Seasonal flu childhood programme

| Org. Name | Year | All aged 2 (%) | All aged 3 (%) | All aged 4 (%) | Year 1 5-6yrs (%) | Year 2 6-7yrs (%) | Year 3 7-8yrs (%) |
|-----------|-------|----------------|----------------|----------------|-------------------|-------------------|-------------------|
| BaNES CCG | 16-17 | 52.3 | 54.2 | 44.5 | 71.4 | 68.2 | 68.1 |
| | 15-16 | 42.6 | 47.8 | 39.6 | 38.5 | 33.7 | - |
| | 14-15 | 46.8 | 48.3 | 39.8 | - | - | - |
| England | 16-17 | 38.9 | 41.5 | 33.9 | 57.6 | 55.3 | 53.3 |
| | 15-16 | 35.4 | 37.7 | 30.0 | 53.6 | 52.1 | - |
| | 14-15 | 38.5 | 41.3 | 32.9 | - | - | - |

Source: Immform 2017

Uptake of seasonal flu vaccination of HCWs by Trust

| Organisation | Uptake (%) | |
|---|------------|---------|
| | 2016-17 | 2015-16 |
| Royal United Hospital Bath (RUH) NHS trust | 68.0 | 43.6 |
| Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust | 66.5 | 38.4 |
| BGSW Team Health Care Workers(All GP Practices & other organisations e.g. Sirona Care & Health) | 54.6 | 44.8 |
| England | 63.2 | 49.5 |

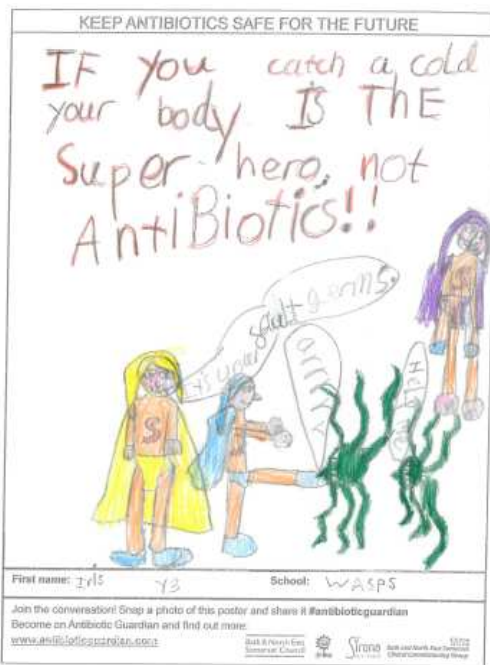
Source: Immform 2017

Priorities that were RAG rated **AMBER** in 2016-17

- Support the B&NES Antimicrobial Resistance Strategic Collaborative
- Improve the uptake of MMR vaccination in B&NES
- Continue to reduce health inequalities in screening programmes

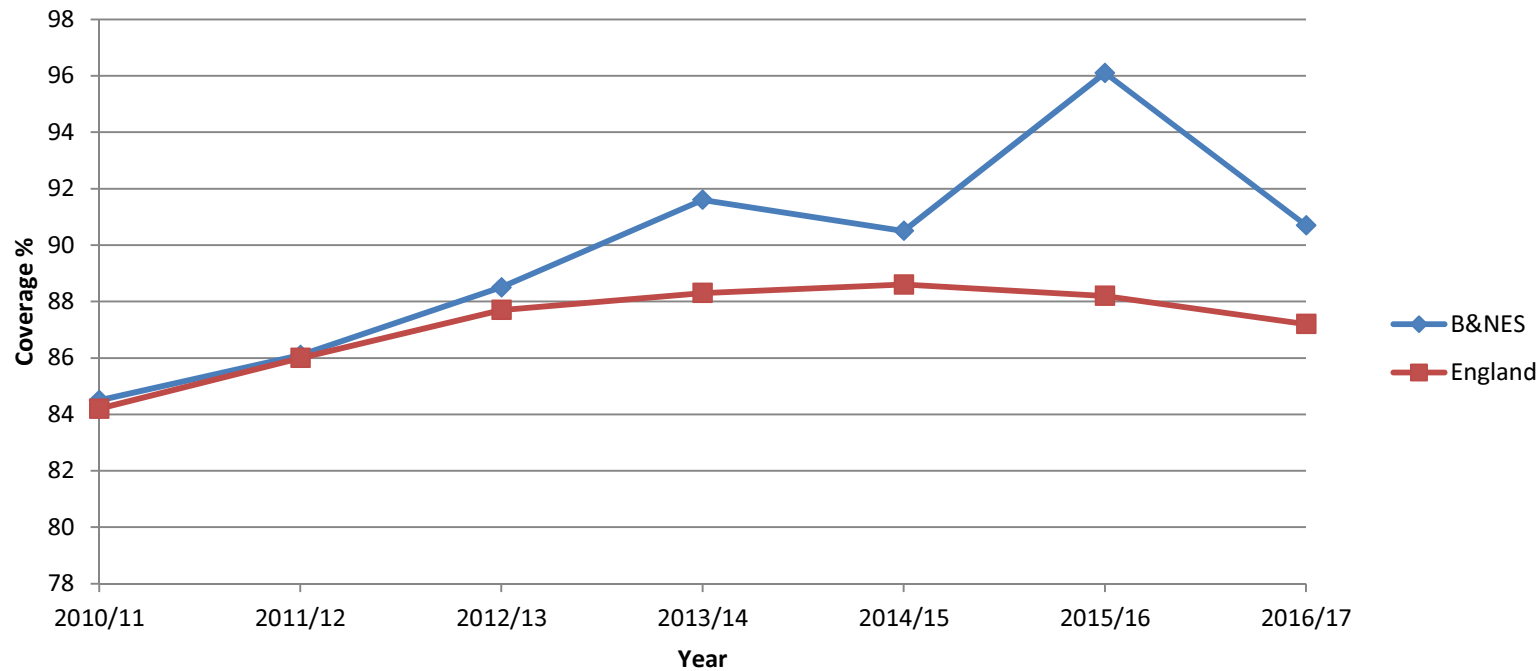
Support the B&NES Antimicrobial Resistance Strategic Collaborative

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Improve the uptake of MMR vaccination in B&NES

Population vaccination coverage - MMR for 2 doses (5 years old)



Source: Public Health England (2017)

Continue to reduce health inequalities in screening and immunisation programmes

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Current bowel cancer screening test kit



Future bowel cancer screening test kit

Bath & North East Somerset - *The place to live, work and visit*

The following 6 priorities have been identified for 2017-18

- Assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.
- Support activities to slow the development and spread of antimicrobial resistance.
- Continue to ensure that the public are informed about emerging threats to health.

- Support the review, development and implementation of all Air Quality Action Plans.
- Continue to reduce health inequalities in screening and immunisation programmes.
- Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers; and pneumococcal vaccination amongst under 65s at risk and over 65s.

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